

NAVAJO COUNTY CONSENT AGENDA ITEM REQUEST FORM

Meeting Date: 05/25/2010		Time Needed: Consent Agenda	
Requesting Department: Health District		Presenter(s) Name: Wade Kartchner, M.D., Director	
Motion before the Board: Approve			
Recommendation: (who, what where, when, how, etc.) Sign Initial Application for a Health Care Institution License for the new Public Health District Building in Show Low.			
Background: (why should it be done, what will happen if not approved, etc.) The application needs to be signed by the Chairman of the Board of Supervisors.			
Fiscal Impact: (what will it cost, where will funds come from, is it budgeted, etc.) Cost is \$365.00 for the application fee coming out of Health District funding.			
Reviewed and approved by: County Manager _____ County Attorney _____ Human Resources _____ Finance _____ MIS _____			
Board Action Taken: Approved ~ Denied ~ No Action ~ Continued ~ Continued to: Approved with changes as follows ~			
Clerks Notes: Open File ~ Copy Dept ~ Orig Dept ~ Pending ~ Log ~ Letter ~			
Date: _____ Initial: _____			

REMINDER: After necessary approvals, return original form and back-up to Board Office and submit an e-mail copy of this form to Clerk of the Board by 5:00 p.m. on Tuesday prior to meeting.

ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF LICENSING SERVICES
150 N. 18th Avenue, Suite 450, Phoenix, Arizona 85007
INITIAL APPLICATION FOR A HEALTH CARE INSTITUTION LICENSE
A.R.S. Title 36, Chapter 4 and A.A.C. Title 9

I. HEALTH CARE INSTITUTION INFORMATION

Name of health care institution Navajo County Public Health Services District		
Street address 9th Place		
City Show Low	Zip code 85901	Phone number 928-532-6050
Tax I.D. number 86-6000541	Fax number 928-532-6054	E-mail address
Mailing address 117 E. Buffalo St		
City Holbrook	State AZ	Zip code 86025
Requested health care institution class or subclass:(listed in R9-10-102)		
Requested Licensed Capacity:		

- A. Is the proposed health care institution (except for a home health agency or a hospice service agency) located within 1/4 mile of agricultural land?
☐ Yes ☒ No If yes:
1. Include on a separate sheet of paper the names and addresses of owners or lessees of any agricultural land within 1/4 mile of the proposed health care institution, and
 2. Attach a copy of the written agreement between the health care institution owner and the owner or lessee of agricultural land prescribed in A.R.S. ' 36-421(D).
- B. Is the proposed health care institution located in a leased facility?
☐ Yes ☒ No If yes, attach a copy of the lease showing rights and responsibilities of the parties.
- C. If a proposed health care institution is not exempt from submitting architectural plans and specifications pursuant to A.R.S. ' 36-422(E) attach one of the following:
1. A copy of DHS approval of the proposed health care institution=s architectural plans and specifications, or
 2. The architectural plans and specifications for the proposed health care institution required in A.A.C. R9-10-105(A)(5)(a).
- D. Is the proposed health care institution ready for an inspection by Department representatives?
☐ Yes ☐ No If no, date the proposed health care institution will be ready **8/15/2010**

II. OWNER INFORMATION (Name of Corporation, LLC, etc.)

Owner's name Navajo County Public Health Services District	
Address 100 East Carter	
City Holbrook	Zip code 86025
Telephone number 928-524-4000	Fax number 928-524-4236

The owner is a: (check one)	<input type="checkbox"/> Proprietary (for profit)	<input type="checkbox"/> Non-proprietary (non-profit)
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The owner is a: (check one)	<input type="checkbox"/> Sole proprietorship	<input type="checkbox"/> Partnership
<input type="checkbox"/> Limited liability company	<input type="checkbox"/> Corporation	<input checked="" type="checkbox"/> Governmental Agency

A. PLEASE LIST IN THE SPACE PROVIDED BELOW:

If the owner is a partnership, the name of each partner;

If the owner is a limited liability company, the name of the designated manager, or if no manager is designated, the names of any 2 members of the limited liability company;

If the owner is a corporation, the name and title of each corporate officer; or

If the owner is a governmental agency, the name and title of the individual in charge of the governmental agency or the individual designated in writing by the individual in charge of the governmental agency.

Name Navajo County Public Health Services District	Title Board of Directors
Name James Jayne	Title County Manager
Name Wade Kartchner, MD, MPH	Title Director
Name Janelle Linn, RN	Title Nursing Supervisor

B. If applicable, attach a copy of the articles of incorporation, the partnership documents, or the limited liability company documents.

C. Has the person applying for a license or a person with 10% or more business interest in the health care institution had a health care professional license or certificate denied, revoked or suspended?

☐ Yes ☒ No

D. Has the person applying for a license or a person with 10% or more business interest in the health care institution had a license to operate a health care institution denied, revoked or suspended?

☐ Yes ☒ No

E. If either of the above questions is answered yes, include on a separate sheet of paper for each yes answer:

1. The reason for the denial, suspension, or revocation;
2. The date of the denial, suspension, or revocation;
3. The name and address of the licensing agency that denied, suspended, or revoked the license.

Statutory agent (or individual designated to accept service of process and subpoenas)

Name	Title
Address	Telephone number

III. GOVERNING AUTHORITY

Name Navajo County Board of Supervisors

IV. CHIEF ADMINISTRATIVE OFFICER (Facility Administrator)

Name Wade Kartchner, MD, MPH	Title Director
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Education (list the highest educational degree obtained and any instruction related to the health care institution class or subclass for which licensure is requested)

See attached resume.

Experience (list work experience related to the health care institution class or subclass for which licensure is requested)

See attached resume.

V. SIGNATURES

According to A.R.S. ' 36-422(B) an application must be signed, as follows:

- (1) If an individual, by the owner of the institution;
- (2) If a partnership or corporation, by two of the partners or corporate officers; or
- (3) If a governmental unit, the head of the governmental department having jurisdiction.

Signature Date

Signature Date

Title

Title

VI. TIME FRAME

Pursuant to A.R.S. § 41-1075 The applicant agrees to extend the substantive review time frame if necessary. This will not exceed 25% of the overall time frame.

Provider Signature: _____ Representative of DHS: _____

Attach:

1. Documentation from the local jurisdiction of compliance with all applicable local building codes and ordinances.
2. If accredited by a nationally recognized health care accreditation agency, a copy of the current accreditation.

For DHS use only: Correct application fee enclosed: ☐ Yes ☐ No Check #:

Wade Kartchner, MD, MPH
111 W. Center Street
Snowflake, AZ 85937
Mobile: (928) 243-2815
Evening Phone: (928) 536-3504
Day Phone: (928) 524-4750
Email: wade.kartchner@navajocountyaz.gov

WORK EXPERIENCE

Navajo County Public Health Services District,

4/2005 - Present

Holbrook, AZ

Director

Currently serve as the director of the Navajo County Public Health Services District, an Arizona county health agency that employs over 40 personnel and has an annual budget of over \$4,000,000. Responsible for oversight and management of all public health programs for the county, including biodefense, tuberculosis control, sexually transmitted diseases, HIV, disease surveillance, adult and child immunizations, WIC, tobacco education and prevention, animal control, environmental health, and nutrition education.

Disease surveillance activities have included outbreaks of Rocky Mountain Spotted Fever and Hantavirus, as well as sporadic cases of tularemia, animal rabies, and tuberculosis.

Serve as a member of the Child Fatality Review Teams for Navajo County and the State of Arizona. These teams review child fatality data throughout Navajo County and the State of Arizona, respectively, and work to develop educational and preventive strategies that will lead to decreased mortality in the birth to 18 year age group.

Served as a member of the Arizona Area Health Education Center (AzaHEC) State Advisory Commission from 2006-2008. AzaHEC serves to improve the recruitment, diversity, distribution, and retention of culturally competent personnel providing health services in rural and medically underserved communities.

Ponderosa Pediatrics

7/1995 - 3/2005

Prescott, AZ

Pediatrician/Owner

Partner in a pediatric group practice, with inpatient and outpatient responsibilities including well and sick child care. Served on the medical staff board for Yavapai Regional Medical Center during 2000-2001. Supervised over 20 employees.

United States Air Force**8/1992 - 7/1995****Cannon AFB, NM****Pediatrician/Chief of Pediatrics**

Served as pediatrician to base dependents for three years, including last 2 years as the chief of a 4 provider department. Practice ran the gamut of well-child care to the provision of emergent care to sick newborns, infants, and children.

Served on base hospital committees, including pharmacy/therapeutics and credentials.

Separated from the Air Force with the rank of Major.

**VOLUNTEER
INFORMATION**

Member-Rural Public Health Agency Accreditation Panel, convened by the National Opinion Research Center's Walsh Center for Rural Health Analysis in Washington, DC, March 3, 2008

Team member-Neonatal Resuscitation Program trips sponsored by the Church of Jesus Christ of Latter-day Saints Humanitarian Program. Provided neonatal resuscitation training for over 130 physicians and nurses in Asunción and Ciudad del Este, Paraguay, April 19-26, 2008 and to physicians and nurses in La Paz and Oruro, Bolivia, October 9-18, 2009.

Member-National Association of County and City Health Officials International Public Health Workgroup

EDUCATION**University of Massachusetts, Amherst**

Amherst, Massachusetts US

Master's Degree - 2/2008

36 Semester Hours

Major: Public Health

GPA: 3.91 out of 4.0

Relevant Coursework, Licensures and Certifications:

Completed degree in the University of Massachusetts, Amherst Masters of Public Health program. Coursework has included biostatistics, epidemiology, principles of public health practice, research methods in public health, public health emergency management, public health informatics, environmental health, the social and behavioral aspects of public health, and current topics in public health- which included the study of health disparities, cultural competence, genomics, workforce planning, credentialing, and media communications.

University of California, San Diego Pediatrics Residency

San Diego, CA US

Professional - 6/1992

University Of Arizona College of Medicine

Tucson, AZ US

MD degree- 5/1989

University of Arizona

Tucson, AZ US

Bachelor's Degree - 5/1984

144 Semester Hours

Major: Animal Science

GPA: 3.89 out of 4.0, graduated summa cum laude

JOB RELATED TRAINING

Smallpox Vaccine Administration Training Completed 4/21/2005

CDC Course in Principles of Epidemiology in Public Health Practice, Completed 1/3/2008

FEMA courses completed:

ICS 100- Introduction to the Incident Command System Completed 12/22/2005

MAG 191- ICS/EOC Interface Completed 7/13/2005

IS-200 ICS for Single Resources and Initial Action Incidents Completed 10/04/2007

MAG 275- Emergency Operations Center (EOC): Management and Operations Completed 7/20/2005

ICS 300- Intermediate Incident Command System For Expanding Incidents Completed 2/6/2007

ICS-700- National Incident Management System (NIMS), An Introduction Completed 4/17/2005

LANGUAGES

Spanish

Spoken: Advanced

Written: Advanced

Read: Advanced

AFFILIATIONS

Arizona Area Health Education Center State Commission Member, 2006-2008

Arizona Local Health Officers Association President-elect, 2007-2009

PROFESSIONAL PUBLICATIONS

Daaboul JJ, Kartchner W, Jones KL. Neonatal hypoglycemia caused by hypopituitarism in infants with congenital syphilis. J Pediatr. 1993 Dec;123(6):983-5.

Kartchner W, An Analysis of Pediatric Mortality among Three Native American Tribes and the Non-tribal Areas of Navajo County, Arizona: A Disparity within Disparities, submitted for publication; presented at the United States Public Health Service Scientific Symposium June 9, 2008 and the American Public Health Association National Meeting October 26, 2008 (poster session)

Licensures and Certifications:

Board Recertification-Pediatrics 2007-2013

Arizona Medical License #23164 Expires 6/14/2010

Neonatal Resuscitation Program (NRP) Provider Expires 10/31/2010

OUTPATIENT FACILITY INFORMATION

Name <u>NAVAJO COUNTY PUBLIC HEALTH</u>	Date <u>3/10/2010</u>
Address <u>9th Place, Show Low, AZ 85901</u>	Phone <u>(928) 532-6050</u>

1. Hours of operation: (indicate hours clinic is open, i.e., 8-4; 12-6)

Sun <u>X</u>	Mon <u>7-6</u>	Tue <u>7-6</u>	Wed <u>7-6</u>	Thur <u>7-6</u>	Fri <u>X</u>	Sat <u>X</u>
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2. A. Medical Director WADE KARTCHNER
(if applicable) (name)

B. Director of Nursing JANELLE LINN
(if applicable) (name)

C. Number of Staff Physicians (excluding Medical Director) F/T _____ P/T _____

3. Administrative Staff:
Person in charge of Medical Records PATSY LEE

4.

Other Employees Staffing	F/T	P/T	Other Employees Staffing	F/T	P/T
Nurse Practitioners		<u>1</u>	Housekeeping		
Physician Assistants			Maintenance		
R.N.'s	<u>2</u>	<u>3</u>	X-ray Techs		
L.P.N.'s			Social Workers		
Nurse's Aides			Respiratory Therapists		
Pharmacists			Nutritionists		
Laboratory Techs			Others		

5. SERVICES OFFERED:

Dental
Emergency Care
E.K.G.
Family Planning <u>XX</u>
Home Health Care
Immunizations <u>XX</u>
Inhalation Therapy
Laboratory
Maternity
Outpatient Surgery
Pharmacy
Podiatric Services
Social Services
Substance Abuse Services
T.B. Screening <u>XX</u>
Well-baby Clinic
W.I.C. Program <u>XX</u>

X-ray
V.D. Detection/Treatment XY
Oph. Testing
Other

